

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/04/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  15G606		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/16/2013	
NAME OF PROVIDER OR SUPPLIER  REM-INDIANA INC				STREET ADDRESS, CITY, STATE, ZIP CODE 3025 GREENHILLS LN S INDIANAPOLIS, IN 46222			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W000000	<p>This visit was for the investigation of complaint #IN00135534.</p> <p>Complaint #IN00135534: Substantiated, federal and state deficiencies related to the allegation(s) are cited at: W102, W104, W122, W149, W154, W158, W159 and W186.</p> <p>Unrelated deficiencies cited.</p> <p>Dates of Survey: 9/9/13, 9/10/13, 9/11/13, 9/12/13 and 9/16/13.</p> <p>Facility Number: 001175 Provider Number: 15G606 AIMS Number: 100245640</p> <p>Surveyor: Keith Briner, QIDP</p> <p>These deficiencies also reflect state findings in accordance with 460 IAC 9. Quality Review completed 9/26/13 by Ruth Shackelford, QIDP.</p>		W000000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W000102	<p>483.410 GOVERNING BODY AND MANAGEMENT The facility must ensure that specific governing body and management requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Governing Body for 4 of 4 sampled clients (A, B, C and D) plus one additional client (E). The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect regarding supervision of client A, to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D, and ensure the facility completed a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated client A's BSP (Behavior Support Plan) regarding</p>		W000102	<p>The Home Manager and Program Director will be retrained on ensuring appropriate staffing levels are in place for each client specifically. This includes, but is not limited to, staffing in a way to ensure the Behavior Support Plans are able to be appropriately implemented. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client.</p> <p>Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that</p>		10/16/2013	

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	<p>restitution for property destruction of a neighbor's window, monitored clients A, B, C and D's programs in regard to measurable data collection, ensured clients A, B, C and D's CFAs (Comprehensive Functional Assessments) were reviewed annually and to ensure there were adequate staff levels to implement client A's BSP.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect regarding supervision of client A, to immediately notify BDDS in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D, and ensured the facility completed a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A. Please see W104.</p> <p>2. The governing body failed to meet the Condition of Participation: Client Protections. The governing body failed to</p>			<p>all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete investigations. Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct time frame, and according to Indiana MENTOR's policy. Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Please also see W104. The Home Manager and Program Director will be retrained on ensuring appropriate staffing levels are in place for each client specifically. This includes, but is not limited to, staffing in a way to ensure the Behavior Support Plans are able to be appropriately implemented. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client.</p>			

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	<p>exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect regarding supervision of client A, to immediately notify BDDS in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D, and ensured the facility completed a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A. Please see W122.</p> <p>3. The governing body failed to meet the Condition of Participation: Facility Staffing. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP coordinated client A's BSP regarding restitution for property destruction of a neighbor's window, monitored clients A, B, C and D's programs in regard to measurable data collection, to ensure clients A, B, C and D's CFAs were reviewed annually and to ensure there were adequate staff levels to implement client A's BSP. Please see W158.</p>		<p>Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete</p>				

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	<p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-1(a)</p>				<p>investigations.Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct time frame, and according to Indiana MENTOR's policy.Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Please also see W122.The Program Director will be retrained on correctly implementing the Behavior Support Plan specifically written for each Client A, specifically the restitution portion. The restitution plan that was not previously implemented will be completed.Ongoing, the Program Director will implement all BSP the way the team intended. The Program Director will also ensure that ongoing training is available and completed with the Direct Care Staff, as to ensure that the BSP is completed correctly at all times.Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. The Home Manager will be retrained on ensuring that monthly data collection sheets are located in the home, and that staff are appropriate running,</p>		

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					<p>tracking, and documenting each goal being ran. This includes working with the Program Director to ensure that new goal tracking sheets are placed in the home at the beginning of each month. Ongoing, the Program Director and Home Manager will ensure that the goal tracking sheets are located in the home throughout the duration of the month. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that all goal tracking sheets are made available to the staff, are completed, and documented correctly. The Program Director will be retrained on completing Comprehensive Functional Assessments and ensuring that they do not expire. This retraining will include appropriately completing these assessments, and ensuring that they are available at all times for reference. Ongoing, the Program Director will ensure that all CFA's are completed in a timely manner and are available when needed. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that current CFAs are</p>		

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				<p>included and completed. The Home Manager and Program Director will be retrained on appropriate staffing levels according to each client's needs, including but not limited to, meeting the needs of each Behavior Support Plan. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. Please see W158. Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>			

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W000104	<p>483.410(a)(1) GOVERNING BODY</p> <p>The governing body must exercise general policy, budget, and operating direction over the facility.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D) plus one additional client (E), the governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect regarding supervision of client A, to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D, and ensure the facility completed a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated client A's BSP (Behavior Support Plan) regarding restitution for property destruction of a neighbor's window, monitored clients A,</p>		W000104	<p>W104The Home Manager and Program Director will be retrained on ensuring appropriate staffing levels are in place for each client specifically. This includes, but is not limited to, staffing in a way to ensure the Behavior Support Plans are able to be appropriately implemented. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client.</p> <p>Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that</p>		10/16/2013	



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	<p>B, C and D's programs in regard to measurable data collection and ensured clients A, B, C and D's CFAs (Comprehensive Functional Assessments) were reviewed annually.</p> <p>The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff levels to implement client A's BSP.</p> <p>Findings include:</p> <p>1. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure the facility implemented its policy and procedures to prevent neglect regarding supervision of client A, to immediately notify BDDS in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D, and ensure the facility completed a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A. Please see W149.</p> <p>2, The governing body failed to exercise</p>				<p>all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete investigations. Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct time frame, and according to Indiana MENTOR's policy. Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Please also see W149. The Program Director will be retrained on correctly implementing the Behavior Support Plan specifically written for each Client A, specifically the restitution portion. The restitution plan that was not previously implemented will be completed. Ongoing, the Program Director will implement all BSP the way the team intended. The Program Director will also ensure that ongoing training is available</p>		

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	<p>general policy, budget and operating direction over the facility to ensure the QIDP coordinated client A's BSP regarding restitution for property destruction of a neighbor's window, monitored clients A, B, C and D's programs in regard to measurable data collection and ensured clients A, B, C and D's CFAs were reviewed annually. Please see W159.</p> <p>3. The governing body failed to exercise general policy, budget and operating direction over the facility to ensure there were adequate staff levels to implement client A's BSP. Please see W186.</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-1(a)</p>		<p>and completed with the Direct Care Staff, as to ensure that the BSP is completed correctly at all times. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that all BSPs are being utilized and completed appropriately. The Home Manager will be retrained on ensuring that monthly data collection sheets are located in the home, and that staff are appropriate running, tracking, and documenting each goal being ran. This includes working with the Program Director to ensure that new goal tracking sheets are placed in the home at the beginning of each month. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that all goal tracking sheets are made available to the staff, are completed, and documented correctly. Ongoing, the Program Director and Home Manager will ensure that the goal tracking sheets are located in the home throughout the duration of the month. The Program Director will be retrained on completing Comprehensive Functional</p>				

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				<p>Assessments and ensuring that they do not expire. This retraining will include appropriately completing these assessments, and ensuring that they are available at all times for reference. Ongoing, the Program Director will ensure that all CFA's are completed in a timely manner and are available when needed. Please also see W159 The Home Manager and Program Director will be retrained on appropriate staffing levels according to each client's needs, including but not limited to, meeting the needs of each Behavior Support Plan. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. Please also see W186 Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>			

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W000122	<p>483.420 CLIENT PROTECTIONS The facility must ensure that specific client protections requirements are met. Based on record review and interview, the facility failed to meet the Condition of Participation: Client Protections for 2 of 4 sampled clients (A and D) plus one additional client (E). The facility failed to implement its policy and procedures to prevent neglect regarding supervision of client A. The facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D. The facility failed to implement its policy and procedures to complete a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A.</p> <p>Finding include:</p> <p>1. The facility failed to implement its policy and procedures to prevent neglect regarding supervision of client A. The facility failed to implement its policy and procedures to immediately notify BDDS</p>	W000122	<p>W122All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete investigations. Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct</p>	10/16/2013			

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	<p>in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D. The facility failed to implement its policy and procedures to complete a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A. Please see W149.</p> <p>2. The facility failed to immediately notify BDDS in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D. Please see W153.</p> <p>3. The facility failed to complete a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A. Please see W154.</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-2(a)</p>		<p>time frame, and according to Indiana MENTOR's policy. Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Please also see W149 All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that all incidents, according to BDDS, are reported appropriately and correctly.</p> <p>Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. Please also see W153 The Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete</p>				

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				<p>investigations. Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct time frame, and according to Indiana MENTOR's policy. Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Please also see W154 Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>			

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W000149	<p>483.420(d)(1) STAFF TREATMENT OF CLIENTS The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client. Based on record review and interview for 2 of 4 sampled clients (A and D) plus one additional client (E), the facility failed to implement its policy and procedures to prevent neglect regarding supervision of client A. The facility failed to implement its policy and procedures to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D. The facility failed to implement its policy and procedures to complete a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A.</p> <p>Findings include:</p> <p>1. The facility's BDDS reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the following:</p> <p>-BDDS report dated 3/30/13 indicated,</p>			W000149	<p>W149Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete investigations, and ensuring that all investigations are thoroughly completed. This includes ensuring that all factual findings correspond with each other, and that all areas are looked into and explored. The Program Director will be retrained on following up on all recommendations made from the results of the investigations. Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct time frame, and according to Indiana MENTOR's policy. Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting</p>		10/16/2013

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	<p>"[Client A] became agitated and hit his peer, [client D], on his left arm by the shoulder. [Client A] then left the group home and ran to the neighbor's house. Staff was able to see [client A] from the group home but since she was the only staff present she was not able to assist [client A] back to the home. Staff was instructed to call 911 for assistance and police responded to assist [client A] back to the home." The 3/30/13 BDDS report indicated, "The PD (Program Director) will investigate the incident."</p> <p>The review did not indicate documentation of a BDDS report for client D regarding the 3/30/13 incident of physical aggression by client A. The review did not indicate documentation of an investigation regarding the 3/30/13 incident of elopement.</p> <p>-BDDS report dated 4/9/13 indicated, "[Client A] was having behaviors with trying to elope from the group home as well as physically attacking staff and clients. Due to [client A's] behaviors two staff had to use PIA (Physical Management) on [client A] by holding him to the ground. [Client A] was not injured nor did he receive any bruising from the PIA. [Client A] has a history of eloping from the home."</p>		<p>procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>				



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	<p>-Investigation dated 4/9/13 regarding the 4/8/13 BDDS report indicated, "[Client A] then went after [client D], punching him in the face. [Client D] did not having any bruising or pain from [client A] hitting him." The 4/9/13 Investigation did not indicate documentation of review of client A's BPRNN (Behavior Progress Report Narrative Note) dated 4/8/13 which indicated, "After dinner, [client A] hit roommate's mouth and he started bleeding. [Client A] also hit [client E]. [Client D] lost a tooth due to the blow he received from [client A]."</p> <p>The review did not indicate documentation of a BDDS report for clients D and/or E regarding the 4/8/13 incident of physical aggression by client A.</p> <p>-BDDS report dated 7/21/13 indicated, "[Client A] had a disagreement with a peer and became upset. Staff saw him leave the group home but was unable to follow where he was going. Staff called 911. Police found [client A] 40 minutes later."</p> <p>-Investigation dated 7/25/13 regarding the 7/21/13 BDDS report indicated, "On 7/20/13 [client A] eloped from the home and the police were called."</p>						

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	<p>The 7/25/13 Investigation indicated, "Factual Findings: Interview with [DSP (Direct Support Professional) #1]; (1)... the other staff working with him on that day had left (their) shift at 6:00 PM; (6) ... he watched [client A] from the porch while he called the home manager because he was the only staff available; (8) The police found [client A] a short time later, ... maybe 30 minutes."</p> <p>The 7/25/13 Investigation indicated, "Interview with [DSP #3]; (1) ... she left her shift at 6:00 PM; (2) She had been there since 9:00 AM."</p> <p>The facility's Time Detail form dated 9/10/13 was reviewed on 9/11/13 at 8:00 AM. The facility's Time Detail form dated 9/10/13 indicated DSP #3 worked from 12:00 PM through 8:00 PM on 7/20/13.</p> <p>The 7/25/13 Investigation did not indicate the facility had reviewed the Time Detail form to reconcile DSPs #1 and #3's statements regarding DSP #3's presence in the home and/or actions during the incident if she was on duty in the home.</p> <p>-BDDS report dated 8/26/13 indicated, "In the evening of 8/23/13, [client A] became upset with staff and eloped from the group home. [Client A] ran straight to a neighbors (sic) house and started banging</p>						

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	<p>on the door and windows. [Client A] has a history of doing this when he elopes. The neighbor (sic) became upset and started verbally threatening [client A] and the staff member that was present. His wife called the police and staff and [client A] went back to the group home before the police arrived. The neighbor followed them back to the group home and continued to be verbally threatening. The police arrived and took the neighbor back to his home and spoke to him in private. While the police were at the neighbor's [client A] attempted to elope again but staff were able to redirect him into staying in the house. The police returned shortly afterwards and stated that [client A] needed to stay in the home and that if he goes on the neighbor's property again, they couldn't prevent any negative effects, as this would be trespassing."</p> <p>-Investigation dated 8/28/13 regarding the 8/23/13 incident indicated, "On 8/23/13 [client A] eloped from the home and went to a neighbor's home."</p> <p>The 8/28/13 Investigation indicated, "Factual Findings: Interview with [DSP #1]: (1) ... the other staff working with him on that day (8/23/13) had left their shift at 9:00 PM; (2) ... after the evening snack [client A] went to the basement, which is where he spends the majority of</p>						

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	<p>his time; (3) ... at approximately 9:40 PM he heard [client A] screaming, 'leave me alone'; (4) ... he went to the basement to determine what happened; (5) ... [client A] did not express what was wrong, but he did calm down; (6) ... he was in the kitchen 5 minutes later when [client A] came upstairs and bolted out (of) the kitchen door; (7) ... he attempted to grab [client A] to prevent him from leaving but [client A] was to (sic) fast; (8) ... he watched [client A] from the porch while he called the [HM (Home Manager) #1] because he was the only staff available; (9) ... he observed [client A] approach a neighbor's home but he did not know what [client A] was doing; (10) ... he observed [client A] being chased back to his home by a male waving a bat; (11) ... [client A] went in to the house; (12) ... the man was very upset stating [client A] was pounding on his door; (13) ... he would hit [client A] and the staff if they were found on his property again; (14) ... the on call supervisor arrived at approximately 10:00 PM...."</p> <p>The 8/28/13 Investigation indicated, "Interview with [DSP #2]; (1) ... she worked at the group home from 2:00 PM until 10:00 PM on 8/23/13; (2) ... there were no issues that day and everything was fine when she left."</p>						

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	<p>The 8/28/13 Investigation indicated, "Interview with [HM #1]; (1) ... she arrived at the home at approximately 9:30 PM; (2) ... there were two police officers completing a report when she arrived; (3) ... the police explained that the [neighbor #1] is (sic) very upset; (4) the officers stated the [neighbor #1] had a bat and was threatening to harm [client A] and staff and the neighbor did have the right to defend himself."</p> <p>The 8/28/13 Investigation indicated, "Conclusion: (1) Evidence does not support why [client A] eloped; (2) Evidence supports staff responded quickly and appropriately."</p> <p>The facility's Time Detail form dated 9/10/13 was reviewed on 9/11/13 at 8:00 AM. The facility's Time Detail form dated 9/10/13 indicated DSP #2 worked at the group home from 4:00 PM through 11:00 PM on 8/23/13.</p> <p>The 8/28/13 Investigation did not indicate the facility had reviewed the Time Detail form to reconcile DSPs #1 and #2's statements regarding DSP #2's presence in the home and/or actions during the incident if she was on duty in the home. The 8/28/13 Investigation did not indicate documentation regarding if the staffing levels in the home were adequate to</p>						

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	<p>provide client A's identified level of supervision.</p> <p>Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's BPRNN dated 3/30/13 indicated, "After [client A] ate dinner [client A] start(ed) to jump around the living room (sic) One of his roommate (sic) is.... [Client A] hit the roommate the roommate (sic) screaming leave me alone (sic) [client A] hit [client D] the second time. Then run away (sic) staff call PD (Police Department) then call (sic) on call. [Client A] runs away (sic) he went to the neighbor's house (and) bang on there (sic) doors (and) scream(ing)." Client A's BPRNN dated 3/30/13 indicated, "Staff call (sic) 911 then when (sic) back house (to) call on call. Later (sic) 911 came go there (sic) talk to [client A]. Later they bring him back home."</p> <p>Client A's BPRNN dated 4/8/13 indicated, "After dinner, [client A] hit roommate's mouth and he started bleeding. [Client A] also hit [client E]. [Client D] lost a tooth due to the blow he received from [client A]."</p> <p>Client A's ISP (Individual Support Plan) dated 11/8/12 indicated the following:</p> <p>-"[Client A] has a BSP (Behavior Support</p>						

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	<p>Plan) developed by [agency] on 4/13/11 including the following behaviors: Type 1 resistance, compulsive SIB (Self Injurious Behavior), Inappropriate sexual behavior, property destruction, extreme irritability, temper outburst, vacating, physical assault.... [Client A] had four significant incidents of elopement during August and September 2011, in which it was determined that [client A] would need one to one ratio staff as well as change to his vacating component."</p> <p>-"Assessment of pedestrian skills: [client A] requires 24 hour supervision while out in the community."</p> <p>-"Assessment of his supervision needs: twenty four hour supervision."</p> <p>Client A's Risk Management Assessment and Plan (RMAP) form dated 11/8/12 indicated the following:</p> <p>-"[Client A] does have behavioral anger outbursts and may not understand consequences to his actions."</p> <p>-"[Client A] has a history of elopement. Revision: 10/12/11: [Client A] elopes from the home and runs very quickly away from staff."</p> <p>-"[Client A] is currently on one to one</p>						

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	<p>staffing ratio during waking hours. This protocol will be effective 10/5/11 and remain in place until changed by his IDT (Interdisciplinary Team). [Client A] will receive one to one supervision during all waking hours with the exception of those hours he spends at school."</p> <p>Client A's BSP dated 2/20/13 indicated the following:</p> <p>- "It is the policy of Indiana Mentor to prepare a BSP designed to develop and teach adaptive behaviors to [client A] for the purpose of improving his quality of life, independence and meaningful participation in the community."</p> <p>- "One on one staffing: Due to an increase in [client A's] vacating, [client A] will have one on one staffing during waking hours. One on one staffing will monitor [client A] at all times during waking hours, except during [client A's] private times in the bathroom. The one on one staff should pay special attention to [client A's] mood and behavior. If the staff member suspects [client A] is getting agitated and his behavior may escalate, attempt to redirect [client A] to an activity in an area of the house that does not have direct access to outside the home. The one on one staff should also pay special attention to [client A] when he is near any</p>						



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	<p>door leading the outside of the home. The staff should always be closest to the door when in a room with [client A]."</p> <p>- "Responding to elopement: Staff should implement the following steps regarding vacating:</p> <p>(1) If the staff member suspects [client A] is getting agitated and his behavior may escalate, attempt to redirect [client A] to an activity in an area of the house that does not have direct access to outside the home.</p> <p>(2) If staff observes [client A] attempting to leave, prompt him to stop and remain within the program area. If [client A] does as requested, resume the ongoing activity with no further comment.</p> <p>(3) If staff observes [client A] attempting to leave and he ignores the prompt to stop, the staff should use agency approved physical intervention techniques to prevent [client A] from leaving the home.</p> <p>(4) If staff is unable to stop [client A] and he leaves anyway, the one on one staff member responsible for his program must exit with him and stay with him to protect him from danger. Due to [client A's] fast nature, the location of his home and his history of property damage when he vacates, the one on one staff member should use agency approved physical intervention techniques to stop [client A].</p>						

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	<p>Staff should attempt to keep [client A] away from the road, other homes, property and/or vehicles.</p> <p>(5a.) If necessary, and if additional staff are available, a second staff member should exit the home and assist the one on one staff.</p> <p>(5b.) If [client A] and the one on one staff are in eyesight, the additional staff member should assist on foot.</p> <p>(5c.) If [client A] and the one on one staff are out of eyesight, the additional staff should use the van to find [client A] and his one on one staff to assist.</p> <p>(5d.) If at any time [client A] has vacated and two or more staff are available and in [client A's] reach they should use agency approved physical intervention techniques to stop [client A].</p> <p>(6.) When [client A] is contained, escort him to a safe location and keep him under observation until you are sure he will not vacate again.</p> <p>(7.) If you are unable to catch up with [client A] after ten minutes, contact the on call supervisor for further instructions.</p> <p>(8.) If you do not see [client A] leave the area, contact he on call supervisor as soon as you notice he is gone and initiate search procedures.</p> <p>(9.) If at any point [client A] is no longer in eyesight, immediately contact 911 and the on call supervisor.</p> <p>(10.) If at any point [client A]</p>						

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	<p>attempts to enter a home other than the group home staff will call 911 and the on call supervisor."</p> <p>Electronic correspondence dated 9/10/13 was reviewed on 9/11/13 at 8:00 AM. Electronic correspondence dated 9/10/13 indicated AD (Area Director) #1 and client A's advocate had discussed revision of client A's one to one staffing protocol. Electronic correspondence dated 9/10/13 indicated on 6/25/13 the facility implemented the following protocol:</p> <p>-"We will implement 10 minute visual checks on him so that if [client A] wants alone time, staff don't have to be in his space but can know if he is safe and not running."</p> <p>Electronic correspondence dated 9/10/13 was reviewed on 9/11/13 at 8:00 AM. Electronic correspondence dated 9/10/13 did not indicate documentation of changes to client A's 2/20/13 BSP regarding how staff should respond to client A's elopement.</p> <p>Interview with Community Neighbor (CN) #1 was conducted on 9/9/13 at 9:13 AM. CN #1 stated, "Since he, [client A], moved into the neighborhood about 2 years ago he's been running away from the house. He, [client A], goes to houses</p>						

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	and bangs on the door trying to get in, he's broken windows, including mine." CN #1 stated, "The staff don't even follow him. They just stand on the porch and watch. They don't try to get him or help." CN #1 stated, "It's really terrifying. It happens at night. We are in our house with our family and suddenly [client A] will be screaming and pounding on our doors, windows and walls trying to get inside. It scares my child." CN #1 stated, "It seems really dangerous for [client A] to be running around the neighborhood like this. There are cars on the street and he usually is running in the streets at night. We don't have street lights so it stays pretty dark. I don't know, I mean [street] is just up the road. If he gets out there, it's a busy area." When asked how often client A comes to their home or is seen running through the street at night, CN #1 stated, "It kind of goes in spurts. It will be two or three times and then maybe a month or two with nothing. He seems to cycle or something. I think he's done it at least three times this summer. The last time it happened was on 8/23/13. It was late at night, after 10:00 PM. [Client A] was banging on our door trying to get inside. We tried to get him to leave but he would scream and throw himself on the ground. No one from the home came to help or to get him." CN #1 stated, "I am worried he's going to get hurt. Someone						

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	<p>might shoot him if he gets inside their house. We have dogs too. Our dogs would attack him if he got inside."</p> <p>CN #2 was interviewed on 9/9/13 at 5:45 PM. CN #2 stated, "We've seen him, [client A] running through the streets. Last December (2012), he was here. He, [client A] came up on my porch and was banging on the doors and screaming. He, [client A] was banging on the door so hard it broke one of the glass panels."</p> <p>DSP #1 was interviewed on 9/9/13 at 6:00 PM. DSP #1 stated, "... usually work in the evening. Like 5:00 PM until 11:00 PM. I've worked here about 3 months." When asked if [client A] had any behavioral issues, DSP #1 stated, "[Client A] elopes from the house. He will run out the door and go to like the neighbor's house." DSP #1 indicated he was working at the home during the 7/20/13 and 8/23/13 incidents of client A's elopement. DSP #1 indicated he had been working alone at the house during both incidents. DSP #1 stated, "I saw him leave but I couldn't leave the other 7 people. I had to go outside to watch him. I called the on call but I couldn't leave to follow him." When asked if it was safe for client A to be in the neighborhood banging on people's doors and windows, DSP #1 stated, "No, they get angry. Sometimes it</p>						

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	<p>happens at night. Maybe like 9:00 PM or 10:00 PM." DSP #1 stated, "The last time (8/23/13) it happened the man chased him with a bat." DSP #1 indicated staff should follow client A into the community if he elopes.</p> <p>DSP #4 was interviewed on 9/9/13 at 6:10 PM. DSP #4 indicated client A has eloped from the house. DSP #4 indicated client A should be monitored while in the community.</p> <p>DSP #5 was interviewed on 9/9/13 at 6:15 PM. DSP #5 stated, "[Client A] should have staff with him while in the community." When asked if it was safe for client A to approach neighbor's homes at night without staff, DSP #5 stated, "No."</p> <p>PD (Program Director) #1 was interviewed on 9/9/13 at 6:20 PM. When asked if the group home could manage client A's behavior and keep him safe from harm during his elopement from the group home, PD #1 stated, "Yes, I think he's safe. But, there is the potential for danger. It is dangerous for him to get out again. I'm just not sure what people will do. You can't tell how someone may react to him, [client A]. We can manage his behavior but I have to say that the potential is there if he does get out again."</p>						

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	<p>AD #1 was interviewed on 9/9/13 at 3:52 PM. AD #1 indicated client A had a history of elopement from the group home. AD #1 indicated client A had been on one to one staffing ratio. AD #1 indicated she had discussed with client A's advocate in June 2013 about changing client A's supervision protocols from one to one staffing to 10 minute status checks. When asked why client A's supervision protocol had been considered for revision, AD #1 stated, "It was during a time when we had staffing changes and I was in the home quite a bit. I observed that staff weren't really doing the one on one and [client A] was doing better without having staff always around him. We thought it might be better for [client A] to have staff do 10 minute status checks to make sure of his location and allow him some private time without staff always with him." AD #1 indicated client A's BSP dated 2/20/13 had not been updated to reflect the 6/28/13 revision; however, it was in the process of being updated. AD #1 indicated staff should still follow the 2/20/13 BSP to ensure client A's elopement supervision protocol was implemented.</p> <p>AD #1 was interviewed on 9/10/13 at 12:30 PM. When asked if one staff working in the group home could</p>						

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	<p>implement client A's 2/20/13 BSP and ensure client A is monitored while in the community, AD #1 stated, "No, one staff working in the home cannot implement his BSP, it still says if at any point he leaves the home or attempts to enter a house staff should follow and prevent with PIA if possible." When asked if client A was considered to be at risk while in the community unsupervised, AD #1 stated, "Yes."</p> <p>When asked if elopement of an individual that results in evasion of required supervision as described in the ISP for health and welfare was considered neglect, AD #1 stated, "Yes."</p> <p>When asked if inadequate staff support for an individual including inadequate supervision with the potential for significant harm or injury to an individual was neglect, AD #1 stated, "Yes."</p> <p>When asked if there should be enough staff working in the group home to provide needed care and services to that individuals do not injure themselves, others, or destroy property, AD #1 stated, "Yes." When asked if special staffing needs identified by client A's ISP/BSP should be provided, AD #1 stated, "Yes."</p> <p>2. The facility's BDDS reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the</p>						



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	<p>following:</p> <p>-BDDS report dated 8/29/13 indicated, "During a team meeting on 8/26/13, [client D's] brother reported that [client D] was physically attacked by his roommate [client A] on 8/24/13." The 8/29/13 BDDS report indicated the date of knowledge of the allegation of abuse regarding client D was 8/26/13.</p> <p>AD #1 was interviewed on 9/10/13 at 12:50 PM. AD #1 indicated allegations of abuse, neglect and mistreatment should be reported to BDDS within 24 hours of the date of knowledge of the allegation. AD #1 indicated allegations of abuse, neglect, mistreatment, exploitation and injuries of unknown origin should be thoroughly investigated.</p> <p>The facility's policy and procedures were reviewed on 9/12/13 at 4:26 PM. The facility's April 2011 policy and procedure entitled Quality Risk Management indicated "Indiana Mentor (parent company) follows the BDDS Incident Reporting policy as outlined in the Providers Standards. An incident described as follows shall be reported to the BDDS on the incident report from prescribed by BDDS: 1. Alleged, suspected, or actual abuse, neglect, or exploitation of an individual. An incident</p>						

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	<p>in this category shall also be reported to adult protective services...." The April 2011 policy and procedure indicated "Indiana Mentor is committed to completing a thorough investigation for any event out of the ordinary which jeopardizes the health and safety of any individual served or other employee." The April 2011 policy and procedure indicated, "Inadequate staff support for an individual, including inadequate supervision, with the potential for significant harm or injury to and individual" was included in the definition of abuse/neglect.</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-2(a)</p>						

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W000153	<p>483.420(d)(2) STAFF TREATMENT OF CLIENTS</p> <p>The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures.</p> <p>Based on record review and interview for 2 of 4 sampled clients (A and D) plus one additional client (E), the facility failed to immediately notify BDDS (Bureau of Developmental Disabilities Services) in accordance with state law regarding an incident of client to client aggression regarding clients A, D and E and an allegation of abuse regarding client D.</p> <p>Findings include:</p> <p>1. The facility's BDDS reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the following:</p> <p>-BDDS report dated 4/9/13 indicated, "[Client A] was having behaviors with trying to elope from the group home as well as physically attacking staff and clients. Due to [client A's] behaviors two staff had to use PIA (Physical Management) on [client A] by holding him to the ground. [Client A] was not injured nor did he receive any bruising from the PIA. [Client A] has a history of</p>		W000153	<p>W153All Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. Completion Date: October 16, 2013</p>		10/16/2013	

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	<p>eloping from the home."</p> <p>-Investigation dated 4/9/13 regarding the 4/8/13 BDDS report indicated, "[Client A] then went after [client D], punching him in the face. [Client D] did not having any bruising or pain from [client A] hitting him." The 4/9/13 Investigation did not indicate documentation of review of client A's BPRNN (Behavior Progress Report Narrative Note) dated 4/8/13 which indicated, "After dinner, [client A] hit roommate's mouth and he started bleeding. [Client A] also hit [client E]. [Client D] lost a tooth due to the blow he received from [client A]."</p> <p>The review did not indicate documentation of a BDDS report for clients D and/or E regarding the 4/8/13 incident of physical aggression by client A.</p> <p>Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's BPRNN dated 4/8/13 indicated, "After dinner, [client A] hit roommate's mouth and he started bleeding. [Client A] also hit [client E]. [Client D] lost a tooth due to the blow he received from [client A]."</p> <p>2. The facility's BDDS reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the</p>						

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	<p>following:</p> <p>-BDDS report dated 8/29/13 indicated, "During a team meeting on 8/26/13, [client D's] brother reported that [client D] was physically attacked by his roommate [client A] on 8/24/13." The 8/29/13 BDDS report indicated the date of knowledge of the allegation of abuse regarding client D was 8/26/13.</p> <p>AD #1 (Area Director) was interviewed on 9/10/13 at 12:50 PM. AD #1 indicated allegations of abuse, neglect and mistreatment should be reported to BDDS within 24 hours of the date of knowledge of the allegation.</p> <p>9-3-2(a)</p>						

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W000154	<p>483.420(d)(3) STAFF TREATMENT OF CLIENTS The facility must have evidence that all alleged violations are thoroughly investigated.</p> <p>Based on record review and interview for 2 of 4 sampled clients (A and D) plus one additional client (E), the facility failed to complete a thorough investigation regarding an incident of client to client aggression for clients A and D, an incident of client to client aggression regarding clients A, D and E and three separate incidents of neglect regarding elopement for client A.</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the following:</p> <p>-BDDS report dated 3/30/13 indicated, "[Client A] became agitated and hit his peer, [client D], on his left arm by the shoulder. [Client A] then left the group home and ran to the neighbor's house. Staff was able to see [client A] from the group home but since she was the only staff present she was not able to assist [client A] back to the home. Staff was instructed to call 911 for assistance and police responded to assist [client A] back to the home." The 3/30/13 BDDS report indicated, "The PD (Program Director) will investigate the incident."</p>		W000154	<p>W154Program Director will be retrained on Indiana MENTOR's policy and procedures on Investigations. This includes, but is not limited to what needs to be investigated, and how to complete investigations, and ensuring that all investigations are thoroughly completed. This includes ensuring that all factual findings correspond with each other, and that all areas are looked into and explored. The Program Director will be retrained on following up on all recommendations made from the results of the investigations.</p> <p>Ongoing, the Program Director will ensure that all required investigations are completed accurately, appropriately, within the correct time frame, and according to Indiana MENTOR's policy.Ongoing, all investigations will be reviewed by the Area Director and/or the Quality Assurance Manager for accuracy and recommendations. Direct Care Staff will be retrained on Indiana MENTOR's reporting procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. The Home Manager and Program Director will be retrained on Indiana MENTOR's reporting</p>		10/16/2013	

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	<p>The review did not indicate documentation of an investigation regarding the 3/30/13 incident of elopement.</p> <p>-BDDS report dated 4/9/13 indicated, "[Client A] was having behaviors with trying to elope from the group home as well as physically attacking staff and clients. Due to [client A's] behaviors two staff had to use PIA (Physical Management) on [client A] by holding him to the ground. [Client A] was not injured nor did he receive any bruising from the PIA. [Client A] has a history of eloping from the home."</p> <p>-Investigation dated 4/9/13 regarding the 4/8/13 BDDS report indicated, "[Client A] then went after [client D], punching him in the face. [Client D] did not having any bruising or pain from [client A] hitting him." The 4/9/13 Investigation did not indicate documentation of review of client A's BPRNN (Behavior Progress Report Narrative Note) dated 4/8/13 which indicated, "After dinner, [client A] hit roommate's mouth and he started bleeding. [Client A] also hit [client E]. [Client D] lost a tooth due to the blow he received from [client A]."</p> <p>-BDDS report dated 7/21/13 indicated, "[Client A] had a disagreement with a peer and became upset. Staff saw him leave the group home but was unable to follow where he was going. Staff called 911. Police found [client A] 40 minutes later."</p>			<p>procedures, including but not limited to abuse, neglect, and exploitation, and all other reportable incidents according to BDDS. Ongoing, the Direct Care Staff, Home Manager, and Program Director will ensure that all incidents, according to BDDS, are reported appropriately and correctly. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that no incidents remain unreported. Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>			

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	<p>-Investigation dated 7/25/13 regarding the 7/21/13 BDDS report indicated, "On 7/20/13 [client A] eloped from the home and the police were called."</p> <p>The 7/25/13 Investigation indicated, "Factual Findings: Interview with [DSP (Direct Support Professional) #1]; (1) ... the other staff working with him on that day had left (their) shift at 6:00 PM; (6) ... he watched [client A] from the porch while he called the home manager because he was the only staff available; (8) The police found [client A] a short time later, ... maybe 30 minutes."</p> <p>The 7/25/13 Investigation indicated, "Interview with [DSP #3]; (1) ... she left her shift at 6:00 PM; (2) She had been there since 9:00 AM."</p> <p>The facility's Time Detail form dated 9/10/13 was reviewed on 9/11/13 at 8:00 AM. The facility's Time Detail form dated 9/10/13 indicated DSP #3 worked from 12:00 PM through 8:00 PM on 7/20/13.</p> <p>The 7/25/13 Investigation did not indicate the facility had reviewed the Time Detail form to reconcile DSPs #1 and #3's statements regarding DSP #3's presence in the home and/or actions during the incident if she was on duty in the home.</p> <p>-BDDS report dated 8/26/13 indicated, "In the evening of 8/23/13, [client A] became upset with staff and eloped from the group home. [Client A] ran straight to a neighbors</p>						



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	<p>(sic) house and started banging on the door and windows. [Client A] has a history of doing this when he elopes. The neighbor (sic) became upset and started verbally threatening [client A] and the staff member that was present. His wife called the police and staff and [client A] went back to the group home before the police arrived. The neighbor followed them back to the group home and continued to be verbally threatening. The police arrived and took the neighbor back to his home and spoke to him in private. While the police were at the neighbor's [client A] attempted to elope again but staff were able to redirect him into staying in the house. The police returned shortly afterwards and stated that [client A] needed to stay in the home and that if he goes on the neighbor's property again, they couldn't prevent any negative effects, as this would be trespassing."</p> <p>-Investigation dated 8/28/13 regarding the 8/23/13 incident indicated, "On 8/23/13 [client A] eloped from the home and went to a neighbor's home."</p> <p>The 8/28/13 Investigation indicated, "Factual Findings: Interview with [DSP #1]: (1) ... the other staff working with him on that day (8/23/13) had left their shift at 9:00 PM; (2) ... after the evening snack [client A] went to the basement, which is where he spends the majority of his time; (3) ... at approximately 9:40 PM he heard [client A] screaming, 'leave me alone'; (4) ... he went to the basement to determine what happened; (5) ... [client A] did not express what was wrong, but he did</p>						

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	<p>calm down; (6) ... he was in the kitchen 5 minutes later when [client A] came upstairs and bolted out (of) the kitchen door; (7) ... he attempted to grab [client A] to prevent him from leaving but [client A] was to (sic) fast; (8) ... he watched [client A] from the porch while he called the [HM (Home Manager) #1] because he was the only staff available; (9) ... he observed [client A] approach a neighbor's home but he did not know what [client A] was doing; (10) ... he observed [client A] being chased back to his home by a male waving a bat; (11) ... [client A] went in to the house; (12) ... the man was very upset stating [client A] was pounding on his door; (13) ... he would hit [client A] and the staff if they were found on his property again; (18) ... the on call supervisor arrived at approximately 10:00 PM...."</p> <p>The 8/28/13 Investigation indicated, "Interview with [DSP #2]; (1) ... she worked at the group home from 2:00 PM until 10:00 PM on 8/23/13; (2) ... there were no issues that day and everything was fine when she left."</p> <p>The 8/28/13 Investigation indicated, "Interview with [HM #1]; (1) ... she arrived at the home at approximately 9:30 PM; (2) ... there were two police officers completing a report when she arrived; (3) ... the police explained that the [neighbor #1] is (sic) very upset; (4) the officers stated the [neighbor #1] had a bat and was threatening to harm [client A] and staff and the neighbor did have the right to defend himself."</p>						

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	<p>The 8/28/13 Investigation indicated, "Conclusion: (1) Evidence does not support why [client A] eloped; (2) Evidence supports staff responded quickly and appropriately."</p> <p>The facility's Time Detail form dated 9/10/13 was reviewed on 9/11/13 at 8:00 AM. The facility's Time Detail form dated 9/10/13 indicated DSP #2 worked at the group home from 4:00 PM through 11:00 PM on 8/23/13.</p> <p>The 8/28/13 Investigation did not indicate the facility had reviewed the Time Detail form to reconcile DSPs #1 and #2's statements regarding DSP #2's presence in the home and/or actions during the incident if she was on duty in the home. The 8/28/13 Investigation did not indicate documentation regarding if the staffing levels in the home were adequate to provide client A's identified level of supervision.</p> <p>Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's BPRNN dated 3/30/13 indicated, "After [client A] ate dinner [client A] start(ed) to jump around the living room (sic) One of his roommate (sic) is.... [Client A] hit the roommate the roommate (sic) screaming leave me alone (sic) [client A] hit [client D] the second time. Then run away (sic) staff call PD (Police Department) then call (sic) on call. [Client A] runs away (sic) he went to the neighbor's house (and) bang on there (sic) doors (and) scream(ing)." Client A's BPRNN dated 3/30/13 indicated, "Staff call (sic) 911 then when (sic) back house (to)</p>						

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	<p>call on call. Later (sic) 911 came go there (sic) talk to [client A]. Later they bring him back home."</p> <p>Client A's BPRNN dated 4/8/13 indicated, "After dinner, [client A] hit roommate's mouth and he started bleeding. [Client A] also hit [client E]. [Client D] lost a tooth due to the blow he received from [client A]."</p> <p>2. The facility's BDDS reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the following:</p> <p>-BDDS report dated 8/29/13 indicated, "During a team meeting on 8/26/13, [client D's] brother reported that [client D] was physically attacked by his roommate [client A] on 8/24/13." The 8/29/13 BDDS report indicated the date of knowledge of the allegation of abuse regarding client D was 8/26/13.</p> <p>AD (Area Director) #1 was interviewed on 9/10/13 at 12:30 PM. When asked if elopement of an individual that results in evasion of required supervision as described in the ISP for health and welfare considered neglect, AD #1 stated, "Yes." When asked if inadequate staff support for an individual including inadequate supervision with the potential for significant harm or injury to an individual was neglect, AD #1 stated, "Yes."</p> <p>AD #1 was interviewed on 9/10/13 at 12:50 PM. AD #1 indicated allegations of abuse, neglect, mistreatment, exploitation and</p>						

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	<p>injuries of unknown origin should be thoroughly investigated.</p> <p>AD #1 was interviewed on 9/12/13 at 1:00 PM. AD #1 indicated the facility's time detail records should be reconciled with staff's statements. AD #1 indicated investigations should determine who was in the home working at the time of the incidents.</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-2(a)</p>						

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W000158	<p>483.430 FACILITY STAFFING</p> <p>The facility must ensure that specific facility staffing requirements are met.</p> <p>Based on record review and interview, the facility failed to meet the Condition of Participation: Facility Staffing for 4 of 4 sampled clients (A, B, C and D). The facility failed to ensure the QIDP (Qualified Intellectual Disabilities Professional) coordinated client A's BSP (Behavior Support Plan) regarding restitution for property destruction of a neighbor's window. The facility failed to ensure the QIDP monitored clients A, B, C and D's programs in regard to measurable data collection. The facility failed to ensure the QIDP ensured clients A, B, C and D's CFAs (Comprehensive Functional Assessments) were reviewed annually. The facility failed to ensure there were adequate staff levels to implement client A's BSP.</p> <p>Findings include:</p> <p>1. The QIDP failed to coordinate client A's BSP regarding restitution for property destruction of a neighbor's window. The QIDP failed to monitor clients A, B, C and D's program in regard to measurable data collection. The QIDP failed to ensure clients A, B, C and D's CFAs were reviewed annually. Please see W159.</p>	W000158	<p>W158Program Director will be retrained on correctly implementing the Behavior Support Plan specifically written for each Client A, specifically the restitution portion. The restitution plan that was not previously implemented will be completed.Ongoing, the Program Director will implement all BSP the way the team intended. The Program Director will also ensure that ongoing training is available and completed with the Direct Care Staff, as to ensure that the BSP is completed correctly at all times.Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that all BSPs are being utilized and completed appropriately. The Home Manager will be retrained on ensuring that monthly data collection sheets are located in the home, and that staff are appropriate running, tracking, and documenting each goal being ran. This includes working with the Program Director to ensure that new goal tracking sheets are placed in the home at the beginning of each month.Ongoing, the Program</p>	10/16/2013			

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	<p>2. The facility failed to ensure there were adequate staff levels to implement client A's BSP. Please see W186.</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-3(a)</p>				<p>Director and Home Manager will ensure that the goal tracking sheets are located in the home throughout the duration of the month. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that all goal tracking sheets are made available to the staff, are completed, and documented correctly. The Program Director will be retrained on completing Comprehensive Functional Assessments and ensuring that they do not expire. This retraining will include appropriately completing these assessments, and ensuring that they are available at all times for reference. Ongoing, the Program Director will ensure that all CFA's are completed in a timely manner and are available when needed. Please also see W159 The Home Manager and Program Director will be retrained on appropriate staffing levels according to each client's needs, including but not limited to, meeting the needs of each Behavior Support Plan. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After</p>		

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				the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place. Please also see W186Completion Date: October 16, 2013Responsible Party: Home Manager, Program Director, and Area Director			



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W000159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to coordinate client A's BSP (Behavior Support Plan) regarding restitution for property destruction of a neighbor's window. The QIDP failed to monitor clients A, B, C and D's programs in regard to measurable data collection. The QIDP failed to ensure clients A, B, C and D's CFAs (Comprehensive Functional Assessments) were reviewed annually.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's Risk Management Assessment and Plan (RMAP) form dated 11/8/12 indicated the following:</p> <p>-"[Client A] has a history of elopement. Revision: 10/12/11: [Client A] elopes from the home and runs very quickly away from staff."</p> <p>Client A's BSP dated 2/20/13 indicated the following:</p>		W000159	<p>W159Program Director will be retrained on correctly implementing the Behavior Support Plan specifically written for each Client A, specifically the restitution portion. The restitution plan that was not previously implemented will be completed.Ongoing, the Program Director will implement all BSP the way the team intended. The Program Director will also ensure that ongoing training is available and completed with the Direct Care Staff, as to ensure that the BSP is completed correctly at all times.Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that the BSP is being utilized correctly. 2. The Home Manager will be retrained on ensuring that monthly data collection sheets are located in the home, and that staff are appropriate running, tracking, and documenting each goal being ran. This includes working with the Program Director to ensure that new goal tracking sheets are placed in the home at the beginning of each</p>		10/16/2013	

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	<p>- "It is the policy of Indiana Mentor to prepare a BSP designed to develop and teach adaptive behaviors to [client A] for the purpose of improving his quality of life, independence and meaningful participation in the community."</p> <p>- "Target for reduction: (3.) Property destruction. Attempting to or actually smashing, ripping, disassembling, slamming, throwing, marring or otherwise defacing non-discarded property."</p> <p>- "Target for reduction: (8.) Elopement. Runs/Wanders away...."</p> <p>- "Responding to: Destroys Property: (6.) If damage was produced and the repair or replacement cost exceeded \$10.00 contact the PD (Program Director)/QIDP (Qualified Intellectual Disabilities Professional). The IST (Interdisciplinary Team) may determine that [client A] must establish an escrow account of a particular size from which to make monetary reimbursement for property damage."</p> <p>- "Each payday [client A] must then contribute 50% of this net pay until the account reaches the size specified by the IST. Upon the occurrence of property destruction, the PD must assess the extent</p>		<p>month. Ongoing, the Program Director and Home Manager will ensure that the goal tracking sheets are located in the home throughout the duration of the month. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that all goal tracking sheets are made available to the staff, are completed, and documented correctly. Please also see W2523. The Program Director will be retrained on completing Comprehensive Functional Assessments and ensuring that they do not expire. This retraining will include appropriately completing these assessments, and ensuring that they are available at all times for reference. Ongoing, the Program Director will ensure that all CFA's are completed in a timely manner and are available when needed. Please also see W259. Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>				

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	<p>of the damages including replacement cost of damaged articles. The PD must then authorize replacement of goods, arrange for needed repairs to be made and assure that proper receipts are obtained. [Client A] must then pay for the real cost of replacement and repairs up to the escrow limit."</p> <p>Community Neighbor (CN) #2 was interviewed on 9/9/13 at 5:45 PM. CN #2 stated, "We've seen him, [client A] running through the streets. Last December (2012), he was here. He, [client A] came up on my porch and was banging on the doors and screaming. He, [client A] was banging on the door so hard it broke one of the glass panels. I had to have the bottom glass panel replaced. The panel was fixed on 9/2/13 and the cost was \$37.00. I had a contractor that I know do it." CN #2 stated, "The staff came down here that day trying to get him to go back to the house. When he, [client A] broke the window they said that they would pay for the damage. I tried to talk to the [former PD] a few times but I never heard back from him. I have the receipts."</p> <p>AD (Area Director) #1 was interviewed on 9/10/13 at 12:50 PM. AD #1 indicated client A's BSP dated 2/30/13 included restitution for property damage. When asked if client A should pay restitution for</p>						

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	<p>replacement of the neighbor's door being repaired, AD #1 stated, "Yes, if I had known about it we could have taken care of it. I wasn't aware." AD #1 indicated the PD should have coordinated with the neighbor to ensure client A paid restitution for the property he damaged.</p> <p>2. The QIDP failed to monitor clients A, B, C and D's programs in regard to measurable data collection. Please see W252.</p> <p>3. The QIDP failed to ensure clients A, B, C and D's CFAs were reviewed annually. Please see W259.</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-3(a)</p>						

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W000186	<p>483.430(d)(1-2) DIRECT CARE STAFF</p> <p>The facility must provide sufficient direct care staff to manage and supervise clients in accordance with their individual program plans.</p> <p>Direct care staff are defined as the present on-duty staff calculated over all shifts in a 24-hour period for each defined residential living unit.</p> <p>Based on record review and interview for 1 of 4 sampled clients (A), the facility failed to ensure there were adequate staff levels to implement client A's BSP (Behavior Support Plan).</p> <p>Findings include:</p> <p>1. The facility's BDDS (Bureau of Developmental Disabilities Services) reports and investigations were reviewed on 9/9/13 at 3:09 PM. The review indicated the following:</p> <p>-BDDS report dated 3/30/13 indicated, "[Client A] became agitated and hit his peer, [client D], on his left arm by the shoulder. [Client A] then left the group home and ran to the neighbor's house. Staff was able to see [client A] from the group home but since he was the only staff present she was not able to assist [client A] back to the home."</p> <p>-BDDS report dated 7/21/13 indicated, "[Client A] had a disagreement with a peer and became upset. Staff saw him leave the group home but was unable to follow where he was going. Staff called 911. Police found</p>		W000186	<p>W186Home Manager and Program Director will be retrained on ensuring appropriate staffing levels are in place for each client specifically. This includes, but is not limited to, staffing in a way to ensure the Behavior Support Plans are able to be appropriately implemented. Client A's IDT will convene to review his level of staff needed. The Program Director will review all of Client A's documents to ensure they reflect his correct level of staffing. Ongoing, the Home Manager and Program Director will ensure that the appropriate staffing is in place for each client.</p> <p>Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly observations for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly observation ongoing, to ensure that appropriate staffing is in place.</p> <p>Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>		10/16/2013	

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	<p>[client A] 40 minutes later."</p> <p>-BDDS report dated 8/26/13 indicated, "In the evening of 8/23/13, [client A] became upset with staff and eloped from the group home. [Client A] ran straight to a neighbors (sic) house and started banging on the door and windows. [Client A] has a history of doing this when he elopes. The neighbor (sic) became upset and started verbally threatening [client A] and the staff member that was present. His wife called the police and staff and [client A] went back to the group home before the police arrived. The neighbor followed them back to the group home and continued to be verbally threatening. The police arrived and took the neighbor back to his home and spoke to him in private. While the police were at the neighbor's [client A] attempted to elope again but staff were able to redirect him into staying in the house. The police returned shortly afterwards and stated that [client A] needed to stay in the home and that if he goes on the neighbor's property again, they couldn't prevent any negative effects, as this would be trespassing."</p> <p>-Investigation dated 8/28/13 regarding the 8/23/13 incident indicated, "On 8/23/13 [client A] eloped from the home and went to a neighbor's home."</p> <p>The 8/28/13 Investigation indicated, "Factual Findings: Interview with [DSP #1]: (1) ... the other staff working with him on that day (8/23/13) had left their shift at 9:00 PM; (2) ... after the evening snack [client A] went to</p>						

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	<p>the basement, which is where he spends the majority of his time; (3) ... at approximately 9:40 PM he heard [client A] screaming, 'leave me alone'; (4) ... he went to the basement to determine what happened; (5) ... [client A] did not express what was wrong, but he did calm down; (6) ... he was in the kitchen 5 minutes later when [client A] came upstairs and bolted out (of) the kitchen door; (7) ... he attempted to grab [client A] to prevent him from leaving but [client A] was to (sic) fast; (8) ... he watched [client A] from the porch while he called the [HM (Home Manager) #1] because he was the only staff available; (9) ... he observed [client A] approach a neighbor's home but he did not know what [client A] was doing; (10) ... he observed [client A] being chased back to his home by a male waving a bat; (11) ... [client A] went in to the house; (12) ... the man was very upset stating [client A] was pounding on his door; (13) ... he would hit [client A] and the staff if they were found on his property again; (18) ... the on call supervisor arrived at approximately 10:00 PM...."</p> <p>The 8/28/13 Investigation indicated, "Interview with [DSP #2]; (1) ... she worked at the group home from 2:00 PM until 10:00 PM on 8/23/13; (2) ... there were no issues that day and everything was fine when she left."</p> <p>The 8/28/13 Investigation indicated, "Interview with [HM #1]; (1) ... she arrived at the home at approximately 9:30 PM; (2) ... there were two police officers completing a</p>						

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	<p>report when she arrived; (3) ... the police explained that the [neighbor #1] is (sic) very upset; (4) the officers stated the [neighbor #1] had a bat and was threatening to harm [client A] and staff and the neighbor did have the right to defend himself."</p> <p>Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's BPRNN dated 3/30/13 indicated, "Then run away (sic) staff call PD (Police Department) then call (sic) on call. [Client A] runs away (sic) he went to the neighbor's house (and) bang on there (sic) doors (and) scream(ing)." Client A's BPRNN dated 3/30/13 indicated, "Staff call (sic) 911 then when (sic) back house (to) call on call. Later (sic) 911 came go there (sic) talk to [client A]. Later they bring him back home."</p> <p>Client A's ISP (Individual Support Plan) dated 11/8/12 indicated the following:</p> <p>-"[Client A] has a BSP developed by [agency] on 4/13/11 including the following behaviors: Type 1 resistance, compulsive SIB (Self Injurious Behavior), Inappropriate sexual behavior, property destruction, extreme irritability, temper outburst, vacating, physical assault.... [Client A] had four significant incidents of elopement during August and September 2011, in which it was determined that [client A] would need one to one ratio staff as well as change to his vacating component."</p> <p>-"Assessment of pedestrian skills: [client A] requires 24 hour supervision while out in the</p>						



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	<p>community."</p> <p>- "Assessment of his supervision needs: twenty four hour supervision."</p> <p>Client A's Risk Management Assessment and Plan (RMAP) form dated 11/8/12 indicated the following:</p> <p>- "[Client A] does have behavioral anger outbursts and may not understand consequences to his actions."</p> <p>- "[Client A] has a history of elopement. Revision: 10/12/11: [Client A] elopes from the home and runs very quickly away from staff."</p> <p>- "[Client A] is currently on one to one staffing ratio during waking hours. This protocol will be effective 10/5/11 and remain in place until changed by his IDT (Interdisciplinary Team). [Client A] will receive one to one supervision during all waking hours with the exception of those hours he spends at school."</p> <p>Client A's BSP dated 2/20/13 indicated the following:</p> <p>- "It is the policy of Indiana Mentor to prepare a BSP designed to develop and teach adaptive behaviors to [client A] for the purpose of improving his quality of life, independence and meaningful participation in the community."</p>						

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	<p>- "One on one staffing: Due to an increase in [client A's] vacating, [client A] will have one on one staffing during waking hours. One on one staffing will monitor [client A] at all times during waking hours, except during [client A's] private times in the bathroom. The one on one staff should pay special attention to [client A's] mood and behavior. If the staff member suspects [client A] is getting agitated and his behavior may escalate, attempt to redirect [client A] to an activity in an area of the house that does not have direct access to outside the home. The one on one staff should also pay special attention to [client A] when he is near any door leading the outside of the home. The staff should always be closest to the door when in a room with [client A]."</p> <p>- "Responding to elopement: Staff should implement the following steps regarding vacating:</p> <p>(1) If the staff member suspects [client A] is getting agitated and his behavior may escalate, attempt to redirect [client A] to an activity in an area of the house that does not have direct access to outside the home.</p> <p>(2) If staff observes [client A] attempting to leave, prompt him to stop and remain within the program area. If [client A] does as requested, resume the ongoing activity with no further comment.</p> <p>(3) If staff observes [client A] attempting to leave and he ignores the prompt to stop, the staff should use agency approved physical intervention techniques to prevent [client A] from leaving the home.</p>						

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	<p>(4) If staff is unable to stop [client A] and he leaves anyway, the one on one staff member responsible for his program must exit with him and stay with him to protect him from danger. Due to [client A's] fast nature, the location of his home and his history of property damage when he vacates, the one on one staff member should use agency approved physical intervention techniques to stop [client A]. Staff should attempt to keep [client A] away from the road, other homes, property and/or vehicles.</p> <p>(5a.) If necessary, and if additional staff are available, a second staff member should exit the home and assist the one on one staff.</p> <p>(5b.) If [client A] and the one on one staff are in eyesight, the additional staff member should assist on foot.</p> <p>(5c.) If [client A] and the one on one staff are out of eyesight, the additional staff should use the van to find [client A] and his one on one staff to assist.</p> <p>(5d.) If at any time [client A] has vacated and two or more staff are available and in [client A's] reach they should use agency approved physical intervention techniques to stop [client A].</p> <p>(6.) When [client A] is contained, escort him to a safe location and keep him under observation until you are sure he will not vacate again.</p> <p>(7.) If you are unable to catch up with [client A] after ten minutes, contact the on call supervisor for further instructions.</p> <p>(8.) If you do not see [client A] leave the area, contact he on call supervisor as soon as you notice he is gone and initiate search</p>						

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	<p>procedures.</p> <p>(9.) If at any point [client A] is no longer in eyesight, immediately contact 911 and the on call supervisor.</p> <p>(10.) If at any point [client A] attempts to enter a home other than the group home staff will call 911 and the on call supervisor."</p> <p>Electronic correspondence dated 9/10/13 indicated AD (Administrative Staff) #1 and client A's advocate had discussed revision of client A's one to one staffing protocol. Electronic correspondence dated 9/10/13 indicated on 6/25/13 the facility implemented the following protocol:</p> <p>"We will implement 10 minute visual checks on him so that if [client A] wants alone time, staff don't have to be in his space but can know if he is safe and not running."</p> <p>Electronic correspondence dated 9/10/13 was reviewed on 9/12/13 at 1:15 PM. Electronic correspondence dated 9/10/13 did not indicate documentation of changes to client A's 2/20/13 BSP regarding how staff should respond to client A's elopement.</p> <p>Interview with Community Neighbor (CN) #1 was conducted on 9/9/13 at 9:13 AM. CN #1 stated, "Since he, [client A], moved into the neighborhood about 2 years ago he's been running away from the house. He, [client A], goes to houses and bangs on the door trying to get in, he's broken windows, including mine." CN #1 stated, "The staff don't even follow him. They just stand on the porch and</p>						

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	<p>watch. They don't try to get him or help." CN #1 stated, "It's really terrifying. It happens at night. We are in our house with our family and suddenly [client A] will be screaming and pounding on our doors, windows and walls trying to get inside. It scares my child." CN #1 stated, "It seems really dangerous for [client A] to be running around the neighborhood like this. There are cars on the street and he usually is running in the streets at night. We don't have street lights so it stays pretty dark. I don't know, I mean [street] is just up the road. If he gets out there, it's a busy area." When asked how often client A comes to their home or is seen running through the street at night, CN #1 stated, "It kind of goes in spurts. It will be two or three times and then maybe a month or two with nothing. He seems to cycle or something. I think he's done it at least three times this summer. The last time it happened was on 8/23/13. It was late at night, after 10:00 PM. [Client A] was banging on our door trying to get inside. We tried to get him to leave but he would scream and throw himself on the ground. No one from the home came to help or to get him." CN #1 stated, "I am worried he's going to get hurt. Someone might shoot him if he gets inside their house. We have dogs too. Our dogs would attack him if he got inside."</p> <p>CN #2 was interviewed on 9/9/13 at 5:45 PM. CN #2 stated, "We've seen him, [client A] running through the streets. Last December (2012), he was here. He, [client A] came up on my porch and was banging on the</p>						

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	<p>doors and screaming. He, [client A] was banging on the door so hard it broke one of the glass panels."</p> <p>DSP #1 was interviewed on 9/9/13 at 6:00 PM. DSP #1 stated, "... usually work in the evening. Like 5:00 PM until 11:00 PM. I've worked here about 3 months." When asked if [client A] had any behavioral issues, DSP #1 stated, "[Client A] elopes from the house. He will run out the door and go to like the neighbor's house." DSP #1 indicated he was working at the home during the 7/20/13 and 8/23/13 incidents of client A's elopement. DSP #1 indicated he had been working alone at the house during both incidents. DSP #1 stated, "I saw him leave but I couldn't leave the other 7 people. I had to go outside to watch him. I called the on call but I couldn't leave to follow him." When asked if it was safe for client A to be in the neighbored banging on people's doors and windows, DSP #1 stated, "No, they get angry. Sometimes it happens at night. Maybe like 9:00 PM or 10:00 PM." DSP #1 stated, "The last time (8/23/13) it happened the man chased him with a bat." DSP #1 indicated staff should follow client A into the community if he elopes.</p> <p>DSP #4 was interviewed on 9/9/13 at 6:10 PM. DSP #4 indicated client A has eloped from the house. DSP #4 indicated client A should be monitored while in the community.</p> <p>DSP #5 was interviewed on 9/9/13 at 6:15 PM. DSP #5 stated, "[Client A] should have</p>						

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	<p>staff with him while in the community." When asked if it was safe for client A to approach neighbor's homes at night without staff, DSP #5 stated, "No."</p> <p>PD (Program Director) #1 was interviewed on 9/9/13 at 6:20 PM. When asked if the group home could manage client A's behavior and keep him safe from harm during his elopement from the group home, PD #1 stated, "Yes, I think he's safe. But, there is the potential for danger. It is dangerous for him to get out again. I'm just not sure what people will do. You can't tell how someone may react to him, [client A]. We can manage his behavior but I have to say that the potential is there if he does get out again."</p> <p>AD #1 (Area Director) was interviewed on 9/9/13 at 3:52 PM. AD #1 indicated client A had a history of elopement from the group home. AD #1 indicated client A had been on one to one staffing ratio. AD #1 indicated she had discussed with client A's advocate in June 2013 about changing client A's supervision protocols from one to one staffing to 10 minute status checks. When asked why client A's supervision protocol had been considered for revision, AD #1 stated, "It was during a time when we had staffing changes and I was in the home quite a bit. I observed that staff weren't really doing the one on one and [client A] was doing better without having staff always around him. We thought it might be better for [client A] to have staff do 10 minutes status checks to make sure of his location and allow him so</p>						

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	<p>private time without staff always with him." AD #1 indicated client A's BSP dated 2/30/13 had not been updated to reflect the 6/28/13 revision, however; it was in the process of being updated. AD #1 indicated staff should still follow the 2/30/13 BSP to ensure client A's elopement supervision protocol was implemented.</p> <p>AD #1 was interviewed on 9/10/13 at 12:30 PM. When asked if one staff working in the group home could implement client A's 2/30/13 BSP and ensure client A is monitored while in the community, AD #1 stated, "No, one staff working in the home cannot implement his BSP, it still says if at any point he leaves the home or attempts to enter a house staff should follow and prevent with PIA if possible." When asked if client A was considered to be at risk while in the community unsupervised, AD #1 stated, "Yes." When asked if there should be enough staff working in the group home to provide needed care and services to that individuals do not injure themselves, others, or destroy property, AD #1 stated, "Yes." When asked if special staffing needs identified by client A's ISP/BSP should be provided, AD #1 stated, "Yes."</p> <p>This federal tag relates to complaint #IN00135534.</p> <p>9-3-3(a)</p>						



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W000252	<p>483.440(e)(1) PROGRAM DOCUMENTATION Data relative to accomplishment of the criteria specified in client individual program plan objectives must be documented in measurable terms.</p> <p>Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to monitor clients A, B, C and D's programs in regard to measurable data collection.</p> <p>Findings include:</p> <p>1. Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's ISP (Individual Support Plan) dated 11/8/12 indicated client A had formal training objectives to:</p> <p>- "Will assist in preparing part of the morning, noon or evening meal 3 times weekly with no more than one verbal prompt from staff with 90% success."</p> <p>- "Will increase his medication skills by getting a glass of water for the medication pass 90% independence."</p> <p>- "Will clean his bedroom (vacuum, dust, clean trash) with on more that one verbal prompt with 90% success."</p> <p>- "Will brush his teeth two times daily</p>		W000252	<p>W252Home Manager will be retrained on ensuring that monthly data collection sheets are located in the home, and that staff are appropriate running, tracking, and documenting each goal being ran. This includes working with the Program Director to ensure that new goal tracking sheets are placed in the home at the beginning of each month. Ongoing, the Program Director and Home Manager will ensure that the goal tracking sheets are located in the home throughout the duration of the month. Addendum- Starting on 10/16/2013 An Administrative staff will complete 2 weekly audits of the books for four weeks. After the four weeks, the administrative staff will continue with no less than one weekly audit, ongoing, to ensure that all goal tracking sheets are made available to the staff, are completed, and documented correctly. Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>		10/16/2013	

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	<p>with no more than one verbal prompt from staff and (sic) 95% success."</p> <p>-"Will go to the store and make a purchase one time per week with no more than one verbal prompt with a 70% success rate."</p> <p>Client A's record did not indicate ISP goal tracking sheets for the month of August 2013 through the date of review 9/10/13 for client A's objectives.</p> <p>2. Client B's record was reviewed on 9/10/13 at 1:24 PM. Client B's ISP dated 8/9/12 indicated client B had formal training objectives to:</p> <p>-"Three times a week, will identify a dime, nickel and quarter with three or less verbal prompts in 80% of trials."</p> <p>-"Three times a week, will participate in 30 minutes of physical fitness with 3 verbal prompts or less in 70% or less of trials."</p> <p>-"Daily, will comb her hair with two verbal prompts or less in 80% of trials."</p> <p>-"Daily, will make her bed or strip her bed if she has peed with two verbal prompts or less in 80% of trials."</p>						

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	<p>- "Five days a week, will obtain her tennis shoes to wear to work with three verbal prompts 70% of trials."</p> <p>- Daily, will take a bath with three verbal prompts or less in 70% of trials."</p> <p>Client B's record did not indicate ISP goal tracking sheets for the month of August 2013 through the date of review 9/10/13 for client B's objectives.</p> <p>3. Client C's record was reviewed on 9/10/13 at 12:08 PM. Client C's ISP dated 8/30/12 indicated client C had formal training objectives to:</p> <p>- "Daily, during hygiene will gather all of his hygiene supplies for his shower with two or less verbal prompts in 70% of trials."</p> <p>- "Three times a week, will identify a dime and a nickel with two verbal prompts or less in 70% of trials."</p> <p>- "Once a week, will take his laundry basket to the washer with one verbal prompt or less in 70% of trials."</p> <p>- "Daily during shower time, will wash his behind (buttocks) thoroughly with his new personal washcloths with two or less verbal prompts in 80% of trials."</p>						

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	<p>- "Three times a week, will set the temperature on the oven with two verbal prompts or less in 70% of trials."</p> <p>- "Three times a week, will complete an exercise of his choice for 30 minutes independently in 100% of trials."</p> <p>Client C's record did not indicate ISP goal tracking sheets for the month of August 2013 through the date of review 9/10/13 for client C's objectives.</p> <p>4. Client D's record was reviewed on 9/10/13 at 11:35 AM. Client D's ISP dated 1/19/13 indicated client D had formal training objectives to:</p> <p>- "Twice a week, will prepare a side dish with two verbal prompts or less in 80% of trials."</p> <p>- "Three times per week, will count out \$1.00 worth of change with three verbal prompts or less in 70% of trials."</p> <p>- "Daily during morning hygiene, will obtain a clean handkerchief."</p> <p>- "Three times a week, will state the four numbers of his address with 3 verbal prompts."</p>						

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	<p>- "Daily, will engage in an exercise of his choice."</p> <p>Client D's record did not indicate ISP goal tracking sheets for the month of August 2013 through the date of review 9/10/13 for client D's objectives.</p> <p>AD (Area Director) #1 was interviewed on 9/10/13 at 1:49 PM. AD #1 indicated ISP objectives should be documented on the shifts, days and/ or weeks as described by each objective. AD #1 indicated there was no additional data collection documentation available for review.</p> <p>9-3-4(a)</p>						

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W000259	<p>483.440(f)(2) PROGRAM MONITORING &amp; CHANGE At least annually, the comprehensive functional assessment of each client must be reviewed by the interdisciplinary team for relevancy and updated as needed. Based on record review and interview for 4 of 4 sampled clients (A, B, C and D), the QIDP (Qualified Intellectual Disabilities Professional) failed to ensure clients A, B, C and D's CFAs (Comprehensive Functional Assessments) were reviewed annually.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Client A's record was reviewed on 9/10/13 at 9:11 AM. Client A's record did not indicate documentation of a CFA.</li> <li>2. Client B's record was reviewed on 9/10/13 at 1:24 PM. Client B's record did not indicate documentation of a CFA.</li> <li>3. Client C's record was reviewed on 9/10/13 at 12:08 PM. Client C's record did not indicate documentation of a CFA.</li> <li>4. Client D's record was reviewed on 9/10/13 at 11:35 AM. Client D's record did not indicate documentation of a CFA.</li> </ol> <p>AD (Area Director) #1 was interviewed on 9/10/13 at 12:47 PM. AD #1 indicated CFAs should be completed/reviewed</p>			W000259	<p>W259The Program Director will be retrained on completing Comprehensive Functional Assessments and ensuring that they do not expire. This retraining will include appropriately completing these assessments, and ensuring that they are available at all times for reference. Ongoing, the Program Director will ensure that all CFA's are completed in a timely manner and are available when needed. Completion Date: October 16, 2013 Responsible Party: Home Manager, Program Director, and Area Director</p>		10/16/2013

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